



Youth Enrichment Services (YES) Team YES Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Personal Email: _____

Gender: _____ Date of Birth: _____

Spouse/Partner Name: _____

Children's Names and Ages: _____

Employer: _____ Title: _____

Number of Years with Current Employer: _____

Work Phone: _____

Work Email: _____

Work Website: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Does your employer offer matching gifts?

Yes

No

I don't know



How did you learn about Youth Enrichment Services (YES) and Team YES?

Do you have any current or past volunteer experience with YES?

Yes No

If yes, when and with which program(s)?

Are you involved with any other non-profits?

Yes No

If yes, what role do you play?

Have you ever participated in a marathon/walk/road race charity program? If so, for which charity, and how much did you raise?

What Team YES event(s) are you interested in?

What will be your fundraising strategies?



Release Form and Contribution Agreement

In consideration of my accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against YES and sponsors for any and all injuries suffered by me in said events. I further attest and certify that I am physically fit and have sufficiently trained for competition in the events, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and photograph or voice in broadcast, telecast, print, or any other account of this event.

I agree to collect a minimum of \$500 for Youth Enrichment Services (YES) by December 31, 2020. If I have not reached the minimum sponsorship by the close of this calendar year, I will be personally responsible for the balance owed. I understand that any amount that is not raised below the \$500 goal will be charged to my credit card after December 31, 2020.

Applicant Signature

Date

Required Credit Card Information

Cardholder Name: _____

Credit Card Number: _____

Credit Card Type (Visa, Mastercard, American Express, or Discover): _____

Credit Card Expiration Date: _____ CCV: _____ Billing Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please complete, sign, and return this form to giving@yeskids.org.